

# CITY OF PORTSMOUTH

## Civil Service Commission

### EMPLOYMENT APPLICATION

The City of Portsmouth provides equal employment opportunities to all people regardless of race, color, religion, national origin, ancestry, or disability. A high school diploma or equivalent is required for employment with the City of Portsmouth.

**PLEASE PRINT**

POSITION APPLYING FOR: **POLICE OFFICER**

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_

(Last)

(First)

(Middle Initial)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: (Required) \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

Are you a U.S. citizen or legally authorized to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Verification must be provided which establishes both identity and work authorization)

Do you wish to receive veteran's credit? Yes \_\_\_\_\_ No \_\_\_\_\_

(Please note: A copy of your DD214 showing discharge as "Honorable or Under Honorable Conditions" must be attached to your application for you to receive credit.)

**EMPLOYMENT HISTORY**

**Current/Most Recent Employer:**

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Position \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

**Next Previous Employer:**

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Position \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

**Next Previous Employer:**

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Position \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

**Next Previous Employer:**

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Position \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL QUESTIONS**

If you are currently employed, may we contact your employer at this time? Yes\_\_\_\_\_ No\_\_\_\_\_

*PLEASE NOTE: The City of Portsmouth reserves the right to contact the current employer if an offer is made.*

**EDUCATION**

**High School**

Name: \_\_\_\_\_ Diploma, GED or Degree: \_\_\_\_\_

Location \_\_\_\_\_ (City, \_\_\_\_\_ State): \_\_\_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

**College or University**

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Location \_\_\_\_\_ (City, \_\_\_\_\_ State): \_\_\_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

**Vocational or Business**

Name: \_\_\_\_\_ Diploma or Degree: \_\_\_\_\_

Location (City, State): \_\_\_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

**Certification**

Are you a Certified Ohio Police Officer, OPOTA Certification? Yes: \_\_\_\_\_ No \_\_\_\_\_

If No, are you currently in a police academy? \_\_\_\_\_ Estimated date of graduation? \_\_\_\_\_

Additional Comments \_\_\_\_\_

**REFERENCES**

Please list 3 references who are not related to you

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**APPLICANT**

As a condition of employment, do you consent to taking a drug test if an offer is made and at other times during employment? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you fully understand that for up to 1 (one) year of your employment, beginning with the first date you perform your job responsibilities, you will be on probation, which means that your continued employment will be at the discretion of the City of Portsmouth? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you authorize the City of Portsmouth to make any investigation it considers necessary in regard to your application? Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that the information contained in this application and all supporting documents are correct, to the best of my knowledge, and understand that falsification of employment records is grounds for dismissal regardless of the date such falsification is discovered.

Applicants Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_